

EXHIBIT D

Ohio Workers' Comp Claim No. 2707



A 0 0 0 0 2 7 0 7 B

WR Grace
 Bankruptcy Form 10
 Index Sheet

SR00000295

Claim Number: 00002707

Receive Date: 12/12/2002

Multiple Claim Reference

Claim Number _____

- ☐ MMPOC Medical Monitoring Claim Form
☐ PDPOC Property Damage
☐ NAPO Non-Asbestos Claim Form
☐ Amended

Claim Number _____

- ☐ MMPOC Medical Monitoring Claim Form
☐ PDPOC Property Damage
☐ NAPO Non-Asbestos Claim Form
☐ Amended

Attorney Information

Firm Number:

Firm Name:

Attorney Number:

Attorney Name:

Zip Code:

Cover Letter Location Number:

| Attachments Medical Monitoring | Attachments Property Damage | Non-Asbestos |
|-----------------------------------|--|---|
| <input type="checkbox"/> TBD | <input type="checkbox"/> TBD | <input checked="" type="checkbox"/> Other Attachments |
| <input type="checkbox"/> TBD | <input type="checkbox"/> TBD | |
| <input type="checkbox"/> TBD | <input type="checkbox"/> TBD | |
| <input type="checkbox"/> TBD | <input type="checkbox"/> TBD | |
| <input type="checkbox"/> TBD | <input type="checkbox"/> TBD | |
| | <input type="checkbox"/> Other Attachments | |
| Other | <input type="checkbox"/> Non-Standard Form <input type="checkbox"/> Amended <input type="checkbox"/> Post-Deadline Postmark Date | |

PROOF OF CLAIM**United States Bankruptcy Court****DISTRICT OF DELAWARE**

In re:

W.R.GRACE & COCase Number: **01-1140**

Judge:

Chapter: **11**

Name and Address Where Notices Should Be Sent to Creditor

Ohio Bureau of Workers' Compensation
Law Section Bankruptcy Unit
30 W. Spring St.
P.O. box 15567
Columbus, OH 43215-0567
Telephone No. (614) 466-6600
Fax No. (614) 752-1948

☐ Check box if you are aware that any one else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you never received any notices from the bankruptcy court in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

Risk Number: **4650**

Check here if this claim ☐ amends or ☒ replaces a previously filed claim dated 7/5/01 in the amount of \$256,379.18.

1. BASIS FOR CLAIM☒ Taxes

☐ This claim is founded upon the debtor's statutory obligation to pay the cost of Workers' Compensation Claim No. pursuant to Ohio Revised Code Section 4123.75 which became due.

☐ This claim is founded upon the debtor's obligation to reimburse the Bureau for an amount of compensation which he was overpaid, which became due on.

☒ This claim is founded upon the debtor's statutory obligation to pay workers' compensation premiums pursuant to Ohio Revised Code Section 4123.35, which became due 4/2/2001.

☐ Other

2. DATE DEBT WAS INCURRED:
4/2/2001

3. IF COURT JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM
☐ SECURED CLAIM

☐ UNSECURED PRIORITY CLAIM \$

Attach evidence of perfection of security interest for taxes or penalties of governmental units - 11 U.S.C. 507(a)(7)

Brief description of Collateral:

☐ Real Estate and All Personal Property☐ Other

Amount of arrearages and other charges included in secured claim above, if any \$

☒ UNSECURED NON PRIORITY CLAIM \$257,480.24**5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:**

\$257,480.24

\$257,480.24

Unsecured

Secured

Priority

Total

☐ Check this box if claim includes preparation charges in addition to the principal amount of the claim.

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

7. SUPPORTING DOCUMENTATION: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the document is voluminous, attach a summary.

8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this claim.

SIGN AND PRINT THE NAME AND TITLE OF ANY PERSON AUTHORIZED TO FILE THIS CLAIM.

Date: 12/9/02

KENNETH R CAIN JR, BWC ATTORNEY

THIS SPACE IS FOR COURT USE ONLY
DEC 12 AM 10:55
DISTRICT OF DELAWARE
FILED

WR Grace BF.12.47.2305
00002707
SR=295

MEMORANDUM

To: Bankruptcy File
From: Legal Operations, Bankruptcy Unit

Policy No. 4650
Name of Debtor WR Grace & Company
Date: 12/9/2002

| <u>Description of Billing</u> | <u>Amount</u> |
|-------------------------------|---------------|
| Premium Billings: | |
| Balance due on audit findings | |
| 1/1/91-12/31/92 | \$ 257,480.24 |

Total Premium: \$ 257,480.24

Grand Total: \$ 257,480.24
=====